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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/513,859	02/28/2000	D. Neale BARRET	SJO000031US1	9122
24033	7590	11/17/2003	EXAMINER	
KONRAD RAYNES VICTOR & MANN, LLP			FRENEL, VANEL	
315 SOUTH BEVERLY DRIVE			ART UNIT	PAPER NUMBER
SUITE 210				
BEVERLY HILLS, CA 90212			3626	

DATE MAILED: 11/17/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary

Application No.

09/513,859

Applicant(s)

BARRET ET AL.

Examiner

Vanel Frenel

Art Unit

3626

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1) Responsive to communication(s) filed on 29 August 2003 .

2a) This action is FINAL. 2b) This action is non-final.

3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4) Claim(s) 1,3-17, 19-31 and 33-36 is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5) Claim(s) _____ is/are allowed.

6) Claim(s) 1,3-17, 19-31 and 33-36 is/are rejected.

7) Claim(s) _____ is/are objected to.

8) Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9) The specification is objected to by the Examiner.

10) The drawing(s) filed on 29 August 2003 is/are: a) accepted or b) objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

11) The proposed drawing correction filed on _____ is: a) approved b) disapproved by the Examiner.

If approved, corrected drawings are required in reply to this Office action.

12) The oath or declaration is objected to by the Examiner.

Priority under 35 U.S.C. §§ 119 and 120

13) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a) All b) Some * c) None of:

1. Certified copies of the priority documents have been received.

2. Certified copies of the priority documents have been received in Application No. _____ .

3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

14) Acknowledgment is made of a claim for domestic priority under 35 U.S.C. § 119(e) (to a provisional application).

a) The translation of the foreign language provisional application has been received.

15) Acknowledgment is made of a claim for domestic priority under 35 U.S.C. §§ 120 and/or 121.

Attachment(s)

1) Notice of References Cited (PTO-892)

2) Notice of Draftsperson's Patent Drawing Review (PTO-948)

3) Information Disclosure Statement(s) (PTO-1449) Paper No(s) _____ .

4) Interview Summary (PTO-413) Paper No(s) _____ .

5) Notice of Informal Patent Application (PTO-152)

6) Other: _____ .

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the Amendment filed 8/29/03. Claims 1, 3-17, 19-31 and 33-36 are pending. Claims 1, 3-17, 19-31, and 33-36 have been amended.

Claim Rejections - 35 USC § 103

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

3. Claims 1, 3-17, 19-31 and 33-36 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lavin et al (5,772,585) in view of Brown (6,032,119).

(A) As per claim 1, Lavin discloses a method for maintaining electronic patient medical information, comprising:

generating an electronic patient data structure including patient biographical information and one of medical history information including medical event information,

medication schedule information, and appointment schedule information (Col.6, lines 58-67 to Col.7, line 67); and

displaying, in the display of the portable computing device, a main menu of selectable views, wherein the selectable views comprise a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view, and wherein the appointment schedule view displayed in the display of the portable computing device differs from the appointment schedule view that is displayable on a display at the physician computer (Col.6, lines 8-67; Col.7, lines 12-67 to Col.8, line 67; Col.14, lines 48-67 to Col.15, line 46). Lavin does not explicitly disclose electronically transmitting the patient data structure between a physician computer and a portable patient device, wherein the patient data structure is capable of being modified.

However, this feature is known in the art, as evidenced by Brown. In particular, Brown suggests electronically transmitting the patient data structure between a physician computer and a portable patient device, wherein the patient data structure is capable of being modified (See, Brown Col.6, lines 7-45).

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the feature of Brown within the system of Lavin with the motivation of providing a system for communicating health information between health providers and patients (See Brown, Col.1, lines 48-50).

(B) As per claim 3, Lavin discloses the method further comprising:

indicating, with the portable patient device, that one scheduled patient medication shown in the patient medication schedule view was taken, wherein the medication schedule view provides a calendar display of a medication schedule derived from prescription subrecords in a patient record (Col.6, lines 58-67 to Col.8, lines 39-67); and

storing the indication that the patient took the scheduled patient medication in the patient data structure in the portable computing device (Col.12, lines 8-50).

(C) As per claim 4, Lavin discloses the method further comprising setting an alarm to activate to provide an alert of one scheduled patient medication or appointment, wherein the alarm is set by a patient (Col.13, lines 60-67 to Col.14, lines 48-67).

(D) As per claim 5, Lavin discloses the method further comprising generating log information indicating modifications to information in the patient data structure, wherein the log information is read-only and once generated cannot be altered (Col.10, lines 50-67).

(E) As per claim 6, Lavin discloses the method further comprising:
adding, with the physician computer, one of appointment and medication events to the patient data structure, wherein one appointment event indicates a scheduled medical related visit and one medication event indicates a drug prescription, wherein the drug prescription is digitally signed (Col.13, lines 60-67 to Col.14, line 67-to Col.15, line 42); and

transmitting the modified patient data structure to the patient device (Col.4, lines 18-67 to Col.5, line 56).

(F) As per claim 7, Lavin discloses the method wherein the patient device includes a display, further comprising:

displaying, in the display of the patient device, in the patient medication schedule view and in the appointment schedule view the added one of appointment and medication events stored in the patient data structure that were added to the patient data structure to allow the patient to review scheduled medication and appointments (Col.14, lines 1-67).

(H) As per claim 8, Brown discloses the method further comprising:

storing, with the physician computer, patient data structures for multiple patients; displaying, at the physician computer, an interactive schedule of patient appointments from the appointment schedule view maintained in the patient data structures, wherein appointment events are added to one patient data structure through the displayed interactive schedule of patient appointments, and wherein the displayed interactive schedule of patient appointments displays scheduled appointments for all patient records (Col.6, lines 7-67).

The motivation for combining the respective teachings of Lavin and Brown are as discussed above in the rejection of claim 1, and incorporated herein.

(I) As per claim 9, Lavin discloses the method wherein the patient data structure further includes patient insurance billing information that can be used to generate insurance claims for patient services (Col.7, lines 25-46).

(J) As per claim 10, Brown discloses the method further comprising using an additional computer to modify information in the patient data structure and transmit the modified patient data structure to the portable patient device (Col.6, lines 7-45).

The motivation for combining the respective teachings of Lavin and Brown are as discussed above in the rejection of claim 1, and incorporated herein.

(K) As per claim 11, Lavin discloses a medical information system for maintaining electronic patient medical information for use in a physician computer and a portable patient device, the physician computer comprising:

a computer readable medium including an electronic patient data structure (Col.4, lines 33-67 to Col.5, line 56) including patient biographical information and one of medical, history information including medical event information, medication schedule information, and appointment schedule information (Col.7, lines 13-67 to Col.8, line 58); and

displaying in the display of the portable computing device, a main menu of selectable views, wherein the selectable views comprise a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view, and wherein the appointment schedule view displayed in the display of the from the

appointment schedule view that is displayable on a display at the physician computer
(Col.6, lines 8-67; Col.7, lines 12-67 to Col.8, line 67; Col.14, lines 48-67 to Col.15, line 46); and

means for modifying information in the patient data structure via at least one of the patient bio view, the medical history view, the patient medication schedule view, and the appointment schedule view (Col.7, lines 13-67). Lavin does not explicitly disclose at least one communication port capable of transmitting the patient data structure directly to the portable patient device and receiving the patient data structure direct from the portable patient device; and wherein the modified patient data structure is capable of being transmitted to the portable patient device via the communication port.

However, these features are known in the art, as evidenced by Brown. In particular, Brown suggests one communication port capable of transmitting the patient data structure directly to the portable patient device and receiving the patient data structure direct from the portable patient device; and wherein the modified patient data structure is capable of being transmitted to the portable patient device via the communication port (See, Brown Col.6, lines 7-61).

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the feature of Brown within the system of Lavin with the motivation of providing a system for communicating health information between health providers and patients (See Brown, Col.1, lines 48-50).

(L) As per claim 12, Lavin discloses the system wherein the physician computer further comprises:

means for displaying a the patient medication schedule view and an the appointment schedule view stored in the patient data structure to allow the physician to review scheduled medication and appointments (Col.14, lines 1-67).

(M) As per claim 17, Lavin discloses a medical information system for maintaining electronic patient medical information for use in a physician computer and a portable patient device, wherein the patient device includes:

computer readable medium including an electronic patient data structure (Col.4, lines 33-67 to Col.5, line 56) including patient biographical information and one of medical history, information including medical event information, medication schedule information, and appointment schedule information (Col.7, lines 13-67 to Col.8, line 58); and

displaying, in the display of the portable computing device, a main menu of selectable views, wherein the selectable views comprise a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view, and wherein the appointment schedule view displayed in the display of the portable computing device differs from the appointment schedule view that is displayable on a display at the physician computer (Col.6, lines 8-67; Col.7, lines 12-67 to Col.8, line 67; Col.14, lines 48-67 to Col.15, line 46). Lavin does not explicitly disclose at least one communication port capable for transmitting the patient data structure to the physician

computer and receiving the patient data structure direct from the physician computer, wherein the patient data structure is capable of being modified.

However, these features are known in the art, as evidenced by Brown. In particular, Brown suggests one communication port capable for transmitting the patient data structure to the physician computer and receiving the patient data structure direct from the physician computer, wherein the patient data structure is capable of being modified (See, Brown Col.6, lines 7-61).

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the feature of Brown within the system of Lavin with the motivation of providing a system for communicating health information between health providers and patients (See Brown, Col.1, lines 48-50).

(N) As per claim 19, Lavin discloses the system wherein the portable patient device further comprises:

means for indicating that one scheduled patient medication was taken, wherein the medication schedule view provides a calendar display of a medication schedule derived from prescription subrecords in a patient record (Col.6, lines 58-67; Col.15, lines 1-67) ; and

means for storing the indication in the patient data structure that the patient took the scheduled medication (Col.15, lines 25-58).

(O) As per claim 23, Lavin discloses the system further comprising an additional computer, wherein the additional computer includes:
means for transmitting the electronic patient medical information between the additional computer and the portable patient device, wherein the additional computer is capable of modifying information in the patient data structure via at least one of the patient bio view, the medical history view, the patient medication schedule view, and the appointment schedule view and transmitting the modified patient data structure to the portable patient device (Col.6, lines 58-67 to Col.7, line 67).

(P) As per claim 24, Lavin discloses the system wherein the portable patient device comprises one of a smart card, palm computing device, hand-held computing device, and laptop computer (Col.4, lines 45-59).

(Q) Claim 25 differs from claims 1, 17, 25 and 31 by reciting an article of manufacture embodied on a computer-readable medium for use in a medical information system to maintain electronic patient medical information for use in a physician computer and a portable patient device, the article of manufacture comprising at least one computer program capable of causing the physician computer to perform.

As per this limitation, it is noted that Lavin discloses reading an electronic patient data structure including patient biographical information and one of medical history information including medical event information, medication schedule information, and appointment schedule information (Col.7, lines 13-67 to Col.8, line 67); and

displaying, in the display of the portable computing device, a main menu of selectable views, wherein the selectable views comprise a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view, and wherein the appointment schedule view displayed in the display of the portable computing device differs from the appointment schedule view that is displayable on a display at the physician computer (Col.5, lines 28-67 to Col.6, line 67; Col.8, lines 9-67); and modifying information in the patient data structure via at least one of the patient bio view, the medical history view, the patient medication schedule view, and the appointment schedule view (Col.7, lines 13-67) and Brown discloses transmitting the patient data structure to the portable patient device; receiving the patient data structure from the portable patient device; and wherein the modified patient data structure is capable of being transmitted to the portable patient device via the communication port.

Thus, it is readily apparent these prior art systems utilize an article of manufacture embodied on a computer-readable medium for use in a medical information system to perform their specific function.

The remainder of claim 25 is rejected for the same reason given above in claims 1, 11, and 17, and incorporated herein.

(R) As per claim 26, Lavin discloses the article of manufacture further causing the physician computer to perform:

displaying views of the patient medication and appointment schedule information stored in the patient data structure to allow the physician to review scheduled medication and appointments (Col.13, lines 60-67 to Col.14, line 67).

(S) Claim 31 differs from claims 1, 11, 17, and 25 by reciting an article of manufacture embodied on a computer-readable medium for use in a medical information system to maintain electronic patient medical information for use in a physician computer and a portable patient device, the article of manufacture comprising at least one computer program capable of causing the portable patient device to perform:

As per this limitation, it is noted that Lavin discloses storing an electronic patient data structure including patient biographical information and one of medical history information including medical event information, medication schedule information, and appointment schedule information (Col.7, lines 13-67 to Col.8, line 67) and

displaying, in the display of the portable computing device, a main menu of selectable views, wherein the selectable views comprise a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view, and wherein the appointment schedule view displayed in the display of the portable computing device differs from the appointment schedule view that is displayable on a display at the physician computer (Col.5, lines 28-67 to Col.6, line 67; Col.8, lines 9-67) and Brown discloses transmitting the patient data structure to the

physician computer; receiving the patient data structure from the physician computer, wherein the patient data structure is capable of being modified.

Thus, it is readily apparent these prior art systems utilize an article of manufacture embodied on a computer-readable medium for use in a medical information system to perform their specific function.

The remainder of claim 31 is rejected for the same reason given above in claims 1, 11, 17, and 25, and incorporated herein.

(T) As per claim 33, Lavin discloses the article of manufacture further causing the patient device to perform:

indicating that one scheduled patient medication was taken, wherein the medication schedule view provides a calendar display of a medication schedule derived from prescription subrecords in a patient record (Col.6, lines 58-67; Col.13, lines 60-67 to Col.14, line 65) and

storing the indication in the patient data structure that the patient took the scheduled medication (Col.12, lines 8-26).

(U) Claims 13-16, 20-22, 27-30 and 35 recite the underlying process of the elements of claims 4-9, respectively. As the various elements of claims 4-9 have been shown to be either disclosed by or obvious in view of the collective teachings of Lavin and Brown, it is readily apparent that the apparatus by the applied prior art performs the recited underlying functions. As such, the limitations recited in claims 13-16, 20-22, 27-30 and

35 are rejected for the same reasons given above for method claims 4-9, and incorporated herein.

(V) As per claim 36, Lavin discloses the article of manufacture further causing the patient device to perform:

transmitting the electronic patient medical information to an additional computer, wherein the additional computer is capable of modifying information in the patient data structure via at least one of the patient bio view, the medical history view, the patient medication schedule view, and the appointment schedule view and transmitting the modified patient data structure to the portable device (Col.6, lines 58-67 to Col.7, line 67).

Response to Arguments

5. Applicant's arguments filed on 08/29/03 regarding claims 1, 3-17, 19-31 and 33-36 have been fully considered but they are not persuasive. Applicant's arguments will be addressed hereinbelow in the order in which they appear in the response filed 08/29/03.

(A) At pages 13-16 of the 08/29/03 response, Applicant argues the followings:

(1) Neither Lavin patent, nor the Brown patent, either alone or together teaches or suggests the subject matter of amended claim 1.

(2) The Lavin patent does not teach or suggest the claimed display of a main menu allowing selection of a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view.

(3) The Brown patent does not teach or suggest the claimed display of a main menu of selectable views, wherein the selectable views comprise a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view. Even if combined, the Lavin patent and the Brown patent do not teach or suggest the subject matter of claim 1.

(4) The Lavin patent, however, does not describe a medication schedule view that provides a calendar display of a medication schedule derived from prescription subrecords in a patient record. However, neither the Lavin patent nor the Brown patent describe that the medication schedule view provides a calendar display of a medication schedule derived from prescription subrecords in a patient record.

(5) Lavin does not teach or suggest an alarm set by a patient to provide an alert for taking scheduled medication or for an appointment.

(6) Neither the Lavin nor the Brown patent describes a digital signing.

(B) With respect to Applicant's first argument, Examiner respectfully suggests that obviousness is determined on the basis of the evidence as a whole and the relative persuasiveness of the arguments. See *In re Oetiker*, 977 F.2d 1443, 1445, 24 USPQ2d 1443, 1444 (Fed. Cir. 1992); *In re Hedges*, 783 F.2d 1038, 1039, 228 USPQ 685, 686 (Fed. Cir. 1992); *In re Piasecki*, 745 F.2d 1468, 1472, 223 USPQ 785,788 (Fed. Cir. 1984); and *In re Rinehart*, 531 F.2d 1048, 1052, 189 USPQ 143, 147 (CCPA 1976). Using this standard, the Examiner respectfully submits that he has at least satisfied the burden of presenting a *prima facie* case of obviousness, since he has presented

evidence of corresponding claim elements in the prior art and has expressly articulated the combinations and the motivations for combinations that fairly suggest Applicant's claimed invention (See paper number 13). Note, for example, the motivations explicitly stated at the previous Office Action. Moreover, in the instant case, the Examiner respectfully notes that each and every motivation to combine the applied references are accompanied by select portions of the respective reference (s) which specifically support that particular motivation and/or an explanation based on the logic and scientific reasoning of one ordinary skilled in the art at the time of the invention that support a holding of obviousness. As such, it is not seen that the Examiner's combination of references is unsupported by the applied prior art of record. Rather, the test is what the combined teachings of the references would have suggested to those of ordinary skill in the art. See *In re Keller*, 642 F. 2d 413, 208 USPQ 871 (CCPA 1981).

(C) With respect to Applicant's second and third arguments, Examiner respectfully suggests Brown discloses "the body image itself (the Health Avatar.TM) displays actual or simulated health information of the patient, according to actual or simulated health data (see FIG. 4-B). The patient can use a blood glucose center (FIG. 4-C) to download information from a blood glucose meter, to transfer blood glucose data to the service provider database, to transfer blood glucose data to a logbook, and to display current blood glucose levels or a history of blood glucose levels. A logbook (FIG. 4-D) allows the patient to access and modify records of medication, symptoms/events, lab tests, treatment plans, diets, and appointment and checkup schedules. A mail center (FIG. 4-

E) is used by the patient to download treatment directions from the health provider, to transfer log book contents to the service provider and/or the health provider, and to communicate by-e-mail with the health provider FIG. 5-A is a schematic depiction of a screen shot 90 of the Health Avatar.TM application. The display comprises several sections: a body image section 100, a log book section 102, a blood glucose center section 104, a feedback section 106, and a mail center section 108. The patient accesses functions of the application by clicking on corresponding display sections or subsections. The functions of the logbook module become accessible if the patient clicks on logbook section 102, as illustrated in FIG. 5-B. A similar display (not shown) is generated if the patient clicks on blood glucose center section 104. FIG. 5-C illustrates the display after the patient accesses the "Display Blood Glucose Level" (see FIG. 4-C) subfunction of the blood glucose center. Feedback section 106 (FIG. 5A) enables the patient to record information about his or her health habits. Body image 100 comprises subsections corresponding to the patient's organs and/or body parts. If a particular body part of the patient requires attention or care, the corresponding subsection of body image 100 is highlighted. FIG. 5-D depicts the application display if the diabetes patient neglects care of his or her feet. A display subsection corresponding to the patient's feet blinks, and the patient is prompted to make an appointment with a care provider" which correspond to Applicant claimed feature (See Brown, Col.6, lines 30-67 to Col.7, line 2). Therefore, Applicant's argument is not persuasive.

(D) With respect to Applicant's fourth and fifth arguments, Examiner respectfully suggests that Lavin discloses "a physician will often need to write out a prescription for a patient at the end of an examination. Referring to FIG. 19, a preferred prescription data entry screen 254 is shown. The data entry screen 254 includes a medication entry portion 256, a refill instruction area 260, and a region for indicating for permission to use generic substitutes 258. An allergy alert screen 262 is always present on the prescription data entry screen 254 to alert the physician of potential or known allergies for the patient. The patient's actual allergies are preferably listed on the allergy alert screen 262. To assist the physician in selecting medications and instructions to provide a patient, a prescription data entry screen 254 preferably will include a medication "Dosage" table display 264 associated with Dosage table 322 and an "Instruction" table display 266 associated with the Instruction table 338 (shown in FIGS. 21 and 24), both of these tables pointing to the Prescription table 356 for the physician to scroll through and select medications, dosages, and instructions for including on the medication entry screen 256. A physician may use a standard keyboard as the data entry device, or may use a computer pen to write in medications, dosages, and instructions. Physicians are not limited to using the predetermined dosages and instructions and may simply write in a prescription or edit an existing prescription called up from the associated dosage table 322 and instruction table 338 in the database. A physician's signature line 268 is also included on the prescription data entry screen for receiving the digitized physician signature to be entered through a computer pen or retrieved from a file. Upon completion of a prescription, the physician has the option of printing out or faxing to the

pharmacy the completed prescription. The clinical module used by physicians, according to the presently preferred embodiment, also provides for vaccine, lab or other customized data tables and displays. For example, a physician may select the vaccine folder within the clinical module to display the vaccine record display 270 and enter particular customized vaccination information into the "Vaccine" table 376 (shown in FIGS. 21-24). Also, laboratory reports displays may be generated as shown in FIG. 20A to compile reports of lab results in various configurations. The display shown in FIG. 20A may be associated with one or more of the lab-related tables 340-346 (shown in FIGS. 21-24). As described previously, the information input from the various screens described above is stored in tables associated with the input screens. An alphabetical listing of the preferred table names is shown in FIG. 21. The relationships between these tables are established within the database to allow particular tables (and their associated screens) to "point" to other tables within the database. This pointing relationship allows the particular related tables to exchange or associate their information with each other through a database query. These table relationships are shown in FIGS. 22-24 of the drawings" which correspond to Applicant's claimed feature (See Lavin, Col.13, lines 60-67 to Col.14, line 47). Therefore, Applicant's argument is not persuasive.

(E) With respect to Applicant's sixth argument, Examiner respectfully suggests that Brown discloses "FIG. 1 is a schematic diagram illustrating a preferred architecture for a system of the present invention. A processing means (preferably computer software)

located on a central server is in communication over remote communication networks with a display means and a set of inputs. The central server processes information for multiple patients, and is thus capable of communicating with multiple display means and input locations. The central server comprises a data aggregation means, preferably a database, in communication with the set of inputs and with the processing means. The data aggregation means collects a subset of the data set {D[j]} from the inputs. Data collected by the data aggregation means is accessed by the processing means. The display means is located at the patient's home. Preferably, the central server is in communication with the health provider over the Internet, and with the patient's home over a cable television delivery line. The display means preferably comprises a conventional television receiver, and a means for connecting the TV set to a communications network, as illustrated in FIG. 1. Preferably, the TV set is connected to the Internet via a multimedia processor such as a WebTV. TM Internet Terminal from WebTV Networks (distributed by Sony). The multimedia processor is in communication over a remote network (such as the Internet, a phone line, or cable used for delivery of cable television programming) with a server at a service provider location. The multimedia processor connects the processing means on the central server to inputs located at the patient's home: a patient feedback means preferably comprising a keyboard, and a patient identification means preferably comprising a data-bearing card, or "smart card". The multimedia processor has a receiving slot for receiving the patient identification smart card. The patient identification card contains an encrypted patient code, a prescribed treatment for the patient, and a URL address of the processing

means. The keyboard allows the patient to provide a subset of feedback data, including display preferences specifying a formatting of the display. The set of inputs further comprises inputs located at a health care provider location, including records of: a medical history of the patient, a standard of care for a general health condition or disease of the patient, a prescribed treatment for the patient, and a personal profile of the patient. The above-incorporated U.S. patent application Ser. No. 08/732,158 entitled "Multiple Patient Monitoring System for Proactive Health Management" contains further information on data available to the health care provider. Examples of data specified by the inputs include blood glucose level histories, generally acceptable blood glucose levels, dates of doctor examinations, generally recommended time periods between doctor examinations, ratings of the patient's interest for a cultural subject (e.g. sports, music), and display customization variables entered by the patient" which correspond to Applicant's claimed feature (See Brown, Col.3, lines 60-67 to Col.4, line 48). Therefore, Applicant's argument is not persuasive.

In response, all of the limitations which Applicant disputes as missing in the applied references, as of 08/29/03 amendment, have been fully addressed by the Examiner as either being fully disclosed or obvious in view of the collective teachings of Lavin and Brown, based on the logic and sound scientific reasoning of one ordinarily skilled in the art at the time of the invention, as detailed in the remarks and explanations given in the preceding sections of the present Office Action and in the prior Office Action (paper number 13), and incorporated herein. One cannot show nonobviousness by attacking references individually where the rejections are based on combinations of

references. See *In re Keller*, 642 F.2d 413, 208 USPQ 871 (CCPA 1981); *In re Merck & Co.*, 800 F.2d 1091, 231 USPQ 375 (Fed. Cir. 1986).

6. THIS ACTION IS MADE FINAL. Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

Conclusion

7. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The cited but not relied upon art teaches medical records, documentation, tracking and order entry system (5,823,948) and chronic disease monitor (6,277,071).

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Vanel Frenel whose telephone number is 703-305-4952. The examiner can normally be reached on 6:30am-5:00pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 703-305-9643. The fax phone numbers for the organization where this application or proceeding is assigned are 703-305-7687 for regular communications and 703-305-7687 for After Final communications.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist whose telephone number is 703-308-1113.

V.F
V.F
November 4, 2003


JOSEPH THOMAS
SUPERVISORY PATENT EXAMINER
TECHNOLOGY CENTER 3600